# WAF Your Way To Success:
## *How to Avoid Flashing Red Lights In Your Project Rearview Mirror*

## Workforce Accelerator Fund 4.0

*An Adobe Connect Webinar*
*Audio conference line:*
(888) 398-2342     Passcode: 4518585
*Please use the chat feature for questions or to interact*

**EDD**
**Employment Development Department**
State of California

# Webinar Topics

- Project Logistics

- WAF Funding Structure

- Role Definition

- Communications

- Project Budget

- Procurement: Partners and Contractors

- CalJOBS$^{SM}$

- Fiscal and Narrative Reporting

- Project Exhibits
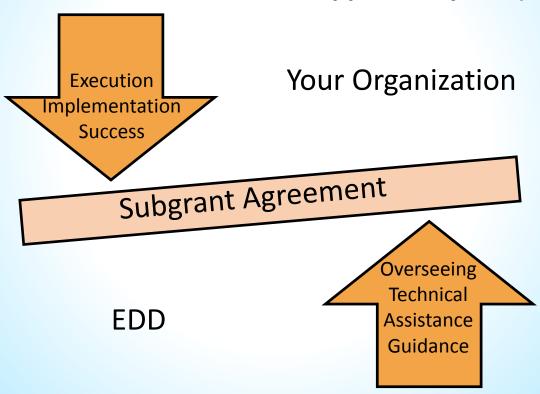
- Timeline

- Contact Information

# Project Logistics

- First resource for answers - Resources for Grant Subrecipients
  - Request For Proposal (RFA)
  - WAF Frequently Asked Questions (FAQ)
  - EDD Guidance
- Project term – It's on!
  - 2/1/2017 to 1/31/2018
  - 2/1/2017 to 7/31/2018 (Technical Assistance Projects Only)

- Get updates – Directives and Information Notices
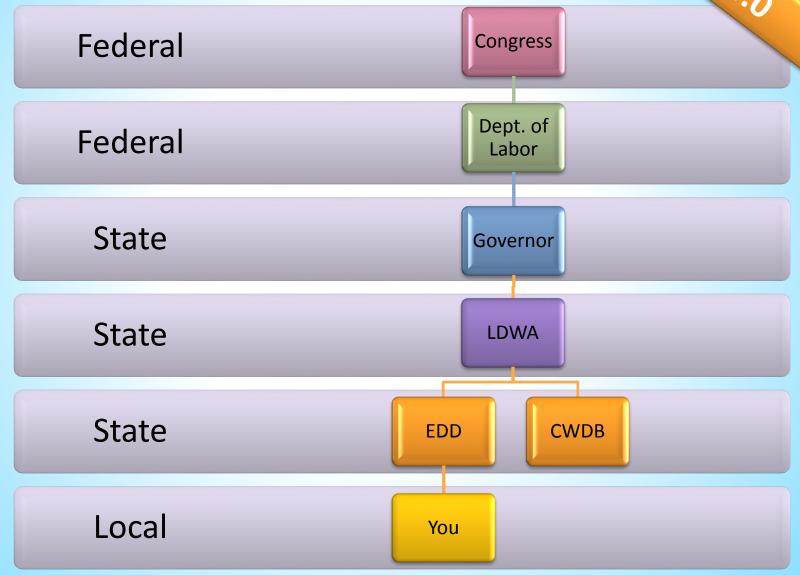  - Subscribe: Get Email Updates

# Project Logistics

**Under the Authority of the
Workforce Innovation and Opportunity Act (WIOA)**

Execution
Implementation
Success

Your Organization

Subgrant Agreement

EDD

Overseeing
Technical
Assistance
Guidance

# WAF FundingStructure

| Federal | Congress |
| --- | --- |
| Federal | Dept. of Labor |
| State | Governor |
| State | LDWA |
| State | EDD    CWDB |
| Local | You |

# Role Definition: State Team

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## Project needs:

- CalJOBS Reports
- CalJOBS Issues
- Subgrant Agreement and Revisions
- Policy Guidance
- Monthly Narrative Reports

## Program needs:

- Learning Communities
- Evaluations
- Best Practices
- Interim Reports (Mid-year)
- Project End Reports

**EDD** Employment Development Department State of California — Contact your EDD Project Manager

**CALIFORNIA** Workforce Development Board — Contact your CWDB Program Manager

# Communication

- Project Manager Assignments – Your EDD Contact

| Kristina Duthler | |
|---|---|
| Bay Area Council | Jewish Vocational Services |
| NoRTEC | Richmond WDB |
| San Jose City College | Upwardly Global |
| Workers Educational Resource Center | |

| Teri Brimacomb | |
|---|---|
| Employers Training Resource | Jewish Vocational Services-LA |
| Livingston Community Health Services | San Diego Workforce Partnership |
| USNRG, Inc. | |

| Sanae Takigawa | |
|---|---|
| Alameda WIB | Bay Area Resource Center |
| California Conservation Corps Foundation | Bay Area Community Resources |
| Center for Media Change | Ca Federation of Labor |
| Code for America Labs | FCCC |

# Communication

- Project Management Group Email:
  WSBProjectManagement@edd.ca.gov


- Organizational Information Change:
  Workforce Services Directive 16-11

# Project Budget

- Travel

- Leveraged Funding: Matching and In-Kind
  - RFA requires Dollar-To-Dollar for non-technical assistance projects

- Administration and Operating Costs
  - Cannot Exceed 10% of Total Budget

- Indirect Cost Rate
  - On File With EDD - negotiated and approved by cognizant agency), or
  - De Minimus Rate of 10%

Requests for changes to any of the subgrant exhibits: please contact your EDD Project Manager

# Procurement: Contractors

- Waiver:

  - For Contractors identified on your RFA Narrative as:

    1. Members of the Project Team
    2. Innovation Impact Advisor(s)
    3. Network Project(s)
    4. Providing technical assistance and support for the Accelerator projects

- Authority:

  - Uniform Guidance 2CFR200.318-326

# CalJOBS<sup>SM</sup> Training

**Participant Enrollment Training**
**Two Webinar Sessions***

Tuesday March 7th 9 a.m. - 4 p.m.

or

Wednesday March 8th 9 a.m. - 4 p.m.

**Fiscal Training**
**One Webinar Session***

Thursday March 9th 9:00 - 11:00 a.m.

*Additional details and agenda to follow.

Please let your Project Manager know if you wish to attend the training in person at 722 Capitol Mall, Sacramento.

# CalJOBS<sup>SM</sup> Training

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- Intro to CalJOBS and Navigation

- Individual Registration

- Program Applications and Eligibility

- Participation and Enrollment

- Case Notes and Alerts

- Closure of Activities

- Reports

# CalJOBS<sup>SM</sup>

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## *"If it is not in CalJOBS, it does not exist"*

**CalJOBS Participant Reporting**
**Workforce Services Directive 13-11**

- Report individual participant data via CalJOBS within 30 days

- Must pull CalJOBS reports to confirm data entry

- Participant data entry late or not done = cash hold

# Fiscal Reporting

- Monthly Expenditure Reporting due the 20th of the following month - Your first report is due March 20, 2017

- Monthly And Quarterly Financial Reporting Requirements Workforce Services Directive 16-13

- A $0 Report must be submitted until you have cumulative accrued expenses

- ACCRUED expenses for goods or services received: legal obligation to pay – not invoiced

- Expenditure Report BEFORE Cash Request

# Expenditure Report Sample

| | Previous Cumulative | Current Cumulative |
|---|---|---|
| Total Expenditures | $0.00 | $0.00 |

## III. Administrative Expenses

| Administrative Costs | Previous Cumulative | Current Cumulative |
|---|---|---|
| 1. Administrative Cash Expenditures | $0.00 | $0.00 |
| 2. Administrative Accrued Expenditures | $0.00 | $0.00 |
| Total Administrative Expenditures | $0.00 | $0.00 |

## IV. Other Reportable Items (Admin)

| | Previous Cumulative | Current Cumulative |
|---|---|---|
| 1. Non-Federal Support (Stand-In) | $0.00 | $0.00 |
| 2. Unliquidated Obligations | $0.00 | $0.00 |
| 3. Program Income Earned | $0.00 | $0.00 |
| 4. Program Income Expended | $0.00 | $0.00 |

Unliquidated Obligations - Balance of Contractual Admin. Services

## V. Cumulative Expenditures (Program)

| | Previous Cumulative Cash Expenditures | Previous Cumulative Accrued Expenditures | Previous Cumulative Total Expenditures | Cumulative Cash Expenditures | Cumulative Accrued Expenditures | Total Cumulative Expenditure |
|---|---|---|---|---|---|---|
| 1. Core Self Service | | | $0.00 | | | $0.00 |
| 2. Core Registration | | | $0.00 | | | $0.00 |
| 3. Intensive Services | | | $0.00 | | | $0.00 |
| 4. Training Services | | | | | | |
| a. Training Payments | | | $0.00 | | | $0.00 |
| b. Other Training Services | | | $0.00 | | | $0.00 |
| Training Services | | | $0.00 | | | $0.00 |

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# Expenditure Report Sample - continued

| | | | | | | |
|---|---|---|---|---|---|---|
| Total Training Services | | | | | | $0.00 |
| 5. Other | | | $0.00 | | | $0.00 |
| 6. Total Program Expenditures | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

**Other - Program Costs from activities that are not Basic, Intensive or Training Services**

## VI. Other Reportable Items (Program)

| | Previous Cumulative | Current Cumulative |
|---|---|---|
| 1. Non-Federal Support (Stand-In) | $0.00 | $0.00 |
| 2. Unliquidated Obligations | | |
| a. Core and Intensive Services | $0.00 | $0.00 |
| b. Training Services | $0.00 | $0.00 |
| c. Other | $0.00 | $0.00 |
| Total Unliquidated Obligations | $0.00 | $0.00 |
| 3. Program Income Earned | $0.00 | $0.00 |
| 4. Program Income Expended | $0.00 | $0.00 |
| 5. Incentive Funds Expended | $0.00 | $0.00 |

**Unliquidated Obligations - Balance of Contractual Admin. Services**

## VII. Miscellaneous Items (Admin and/or Program)

| Cash/In-Kind Match | Previous Cumulative Contributions | Current Cumulative Contributions |
|---|---|---|
| 1. Federally Mandated Match | | |
| a. Cash Contributions | $0.00 | $0.00 |
| b. In-Kind Contributions | $0.00 | $0.00 |
| Total Federally Mandated Match | $0.00 | $0.00 |
| State Mandated Match | | |

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# Narrative Reporting

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- Due on the 20th of the following month

- Your first report is due March 20, 2017

- Even with a $0 Expenditure Report, project activities must be reported

Submit Your Monthly Narrative Report to WSBProjectManagement@edd.ca.gov and copy your EDD Project Manager

# Narrative Report Form

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**EDD** Employment Development Department
State of California
Workforce Services Branch
PO Box 826880, MIC 50
Sacramento, CA 94280-0001

**Project Monthly Narrative Report**
Submit electronically to your EDD Project Manager by the 20th of each month covering previous month's activity.
**WSBProjectManagement@edd.ca.gov**

Subrecipient Name: _____          nitiative:  WAF 4.0

Project Manager Assig _____          Subgrant Number, Grant Codes: _____

Contact Name, Title: _____          Email Address, Telephone: _____

Date of Report: _____

Report Period (mm/yyyy): _____

1. A discussion of what was accomplished during this reporting period, including major activities, achievements and success stories.

2. Actual or anticipated issues or delays, and actions taken or planned to resolve them.

3. Cumulative expenditures for each fund source:

| Total Cumulative WIOA 15 Percent Expenditures | *Planned Cumulative Expenditures | Cumulative In-Kind Match | *Planned Cumulative In-Kind Match |
|---|---|---|---|
|  |  |  |  |

*Refer to Exhibit E, Funding and Expenditure Plan for this month's Cumulative Planned amount.

4. Total Cumulative Participants Enrolled in CalJOBS[SM] within 30 day of services provided:

5. Have you verified the expenditure/participant data reported above with the reports available in CalJOBS[SM]?

☐ Yes    OR    ☐ No (If no, provide an explanation below.)

# Project Exhibit E

| Workforce Accelerator Fund 4.0 | | STATE USE ONLY | Exhibit E |
|---|---|---|---|
| **Exhibit E.** **Project Funding** **Expenditure Plan** | | Subgrant Number: | |
| | | Grant Code: | |
| | | Initial Plan: | |
| | | Modification Date: | |
| Organization Name: YOUR NAME | | | |
| Project Name: YOUR PROJECT      NAME | | | |

## I. FUNDING PLAN

| A. Fund Source | WIOA 15% | Cash/In-kind Match | PROJECT TOTAL |
|---|---|---|---|
| B. YOA | | | |
| C. Subgrant Number | | | |
| D. Fund Source Term | | | |
| E. Grant Code | | | |
| F. Total Administration | $15,000.00 | | $15,000.00 |
| G. Total Program | $135,000.00 | $15,000.00 | $150,000.00 |
| H.Total Subgrant Amount | $150,000.00 | $150,000.00 | $300,000.00 |

## II. EXPENDITURE PLAN

| Month-Year | Cumulative Planned Expend. | Cumulative Planned Expend. | Project Total Planned Expend |
|---|---|---|---|
| February-2017 | $12,500.00 | $12,500.00 | $25,000.00 |
| March-2017 | $25,000.00 | $25,000.00 | $50,000.00 |
| April-2017 | $37,500.00 | $37,500.00 | $75,000.00 |
| May-2017 | $50,000.00 | $50,000.00 | $100,000.00 |
| June-2017 | $62,500.00 | $62,500.00 | $125,000.00 |
| July-2017 | $75,000.00 | $70,000.00 | $145,000.00 |
| August-2017 | $87,500.00 | $87,500.00 | $175,000.00 |
| September-2017 | $100,000.00 | $100,000.00 | $200,000.00 |
| October-2017 | $112,500.00 | $112,500.00 | $225,000.00 |
| November-2017 | $125,000.00 | $125,000.00 | $250,000.00 |
| December-2017 | $137,500.00 | $137,500.00 | $275,000.00 |
| January-2018 | $150,000.00 | $150,000.00 | $300,000.00 |
| **TOTAL** | **$150,000.00** | **$150,000.00** | **$300,000.00** |

# Project Exhibit F

**Workforce Accelerator Fund 4.0**
**Budget Summary**
**Exhibit F**

| STATE USE | EXHIBIT F |
|---|---|
| Subgrant Number: | |
| Grant Code: | |
| Initial Plan: | |
| Modification Date: | |

**Applicant:** YOUR NAME HERE
**Project Name:** YOUR PROJECT NAME HERE

| Item # | Expense Item | Amount Requested | Amount Leveraged | Total Project Budget | Source of Leveraged Funds | In-Kind/ Cash |
|---|---|---|---|---|---|---|
| A. | Staff Salaries | $40,188.00 | $76,705.00 | $116,893.00 | WIOA | ☑ In-Kind ☐ Cash |
| B. | Number of full-time equivalents:___ | | | | | |
| C. | Staff Benefits | $22,743.00 | $36,818.00 | $59,561.00 | WIOA | ☑ In-Kind ☐ Cash |
| D. | Staff Benefit Rate (percent) ___% | | | | | |
| E. | Staff Travel | $2,800.00 | | $2,800.00 | | ☐ In-Kind ☐ Cash |
| F. | Operating Expenses (communications, facilities, utilities, maintenance, consumable supplies, audit, etc.) | | $21,477.00 | $27,746.00 | WIOA | ☑ In-Kind ☐ Cash |
| G. | Furniture and Equipment | | | | | |
| 1. | Small Purchase (unit cost is less than $5,000 such as computers, desks etc.) | | | $0.00 | | ☐ In-Kind ☐ Cash |
| 2. | Equipment Purchase (unit cost is more than $5,000 and useful life is more than one year.) Complete Supplemental Budget Form | | | $0.00 | | ☐ In-Kind ☐ Cash |
| 3. | Lease | | | $0.00 | | ☐ In-Kind ☐ Cash |
| H. | Consumable Testing and Instructional Materials | | | $0.00 | | ☐ In-Kind ☐ Cash |
| I. | Tuition Payments/Vouchers | | | $0.00 | | ☐ In-Kind ☐ Cash |
| J. | On-the-Job Training | | | $0.00 | | ☐ In-Kind ☐ Cash |
| K. | Participant Wages and Fringe Benefits | | | $0.00 | | ☐ In-Kind ☐ Cash |
| L. | Participant Support Services | | | $0.00 | | ☐ In-Kind ☐ Cash |
| M. | Contractual Services (must complete Form G) | $84,269.00 | $15,000.00 | $99,269.00 | WIOA | ☑ In-Kind ☐ Cash |
| N. | Indirect Costs*(complete items 1 and 2 below) | | | $0.00 | | ☐ In-Kind ☐ Cash |
| O. | Other (describe): | | | | | ☐ In-Kind ☐ Cash |
| P. | **TOTAL FUNDING**** | $150,000.00 | $150,000.00 | $306,269.00 | | |

| | | |
|---|---|---|
| Total Award | $ | 150,000 |
| **Administrative Costs | **$** | **15,000** |
| Program Costs | $ | 135,000 |

*Indirect Costs

1. Indirect Cost Rate (percent): | 10%

# Project Exhibit F2

| | STATE USE ONLY | EXHIBIT F2 |
|---|---|---|
| | Subgrant Number: | |
| | Grant Code: | |
| | Initial Plan: | |
| | Modification Date: | |

| | |
|---|---|
| Applicant: | YOUR NAME |
| Project Name: | YOUR PROJECT NAME |

**BUDGET LINE ITEM A-D - Staff Salary and Fringe Benefits**

| List job titles of staff working on project | Salaries charged to project | Fringe Benefits charged to project | FTEs % | Amount Requested |
|---|---|---|---|---|
| Workforce Development Professional III | $40,188.00 | $22,743.00 | $0.50 | $ 62,931.00 |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| Staff Subtotals | $ 40,188.00 | $ 22,743.00 | *50%* | $ 62,931.00 |

| BUDGET LINE # | EXPENSE ITEM | NARRATIVE DETAIL | Amount Requested |
|---|---|---|---|
| E | Staff Travel *(convenings, CalJOBS training, meetings, etc.)* | Travel for Project Team to attend three in-person Accelerator Community of Practice meetings | $ 2,800.00 |
| F | Operating Expenses *(Communications, facilities, utilities, maintenance, consumable supplies, audit, etc.)* | Communications, facilities, utilities, and consumable supplies. | |
| | Facilities Rent | | |
| | Facilities Utilities | | |
| | Facilities Maintenance | | |
| | Insurance | | |
| | Accounting *(payroll services)* and Audits | | |
| | Printing | | |
| | Communications *(phone, web services, etc.)* | | |
| | Mailing and Delivery | | |
| | Leasehold Improvements | | |
| | Outreach | | |
| | Dues and Memberships | | |

| | | | |
|---|---|---|---|
| G | Furniture and Equipment | | |
| | 1 Small Purchases *(Unit cost is less than $5,000 - Include cost allocation.)* | | |
| | 2 Equipment Purchases with grant funds -- list, briefly state purpose/need/cost of each item. *(Greater than $5,000, requiring prior approval, and listed on Form G, Supplemental Budget - Refer to WSD14-13 Property-Prior Approval, Purchasing, Inventory,* | | |
| | 3 Equipment lease / use-charge costs paid with grant funds *(list, briefly state purpose, need, total lease or use-charge cost of each item)* | | |
| H | Consumable office/testing supplies | | |
| I | Tuition Payments/Vouchers | | |
| J | On-The-Job Training | | |
| K | Participant Wages and Fringe Benefits | | |
| L | Participant Supportive | | |
| M | Contractual Services *(must complete Form G)* | Business Technical Assistance Providers and Services | $ 84,269.00 |
| N | Indirect costs *(Provide rate, direct cost(s) to which authorized to be applied, approving cognizant agency and date of approval. Show how total was calculated.)* | | |
| O | "Other" Costs *(Identify and detail the nature of each such cost to be paid with grant funds.)* | | |
| | | "Other" Subtotal | $ - |
| | | Total Amount Requested | $ 150,000.00 |

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# Project Exhibit G

**Workforce Accelerator Fund 4.0**
**Supplemental Budget**
**Exhibit G**

| STATE USE ONLY | EXHIBIT G |
|---|---|
| Subgrant Number: | |
| Grant Code: | |
| Initial Plan: | |
| Modification Date: | |

| | |
|---|---|
| **Applicant:** | YOUR NAME |
| **Project Name:** | YOUR PROJECT NAME |

## I. Equipment

| Equipment Item Description* | Quantity | Total Cost | Percent Charged to Project | Total Cost Charged to Project |
|---|---|---|---|---|
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| **Total** | 0 | $ - | 0% | $ - |

*List equipment items having a useful life of more than one year with a unit acquisition cost of $5,000 or more charged to this project. In accordance with WIOA Directive WSD 16-10, all equipment purchases must have prior approval from EDD. The approval of the budget plan contained in this subgrant does not constitute approval of the equipment request. **A separate request to purchase equipment must be submitted for approval by the State.**

## II. Contractual Services*

| Contractual Services Description - Type of Service | Cost | Service Provider If Known |
|---|---|---|
| Business Technical Assistance Providers and Services | $ 84,269.00 | Service Providers to be procured |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total** | $ 84,269.00 | |

*All contractual services must be competitively procured in accordance with federal and state procurement regulations and policies. See Procurement Standards (Sect. 200.318-.326) in the federal Uniform Guidance, 2CFR200.

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# Project Exhibit I Work Plan

**Workforce Accelerator Fund 4.0**
**Workplan**

| STATE USE ONLY | EXHIBIT I |
|---|---|
| Subgrant Number: | |
| Grant Code: | |
| Initial Plan: | |
| Modification Date: | |

| | |
|---|---|
| Applicant: | YOUR NAME |
| Project Name: | YOUR PROJECT NAME |

| Objectives/Activities | Estimated Dates |
|---|---|
| **Quarter 1: Research Phase** | November 2016 - January 2017 |
| Develop employer list for invites to focus group | Nov-30-17 |
| Conduct employer focus groups to test Build Your Own Workforce pilot concept | Dec-31-16 |
| Data gathered from focus groups utilized to fine tune pilot | Jan-1-17 |
| Final plan developed for the Build Your Own Workforce pilot | Jan-31-17 |
| | |
| | |
| | |
| **Quarter 2: Development Phase** | February 2017 - April 2017 |
| Begin development of the Build Your Own Workforce pilot | Feb-1-17 |
| Conduct resource gap analysis | Feb-1-17 |
| Procure technical assistance providers/services | Mar-1-17 |
| Develop workshops and web-based training materials | Apr-30-17 |
| | |
| | |
| | |
| **Quarter 3: Implementation Phase** | May 2017 - July 2017 |
| Recruit three employer champions from each business segment | May-1-17 |
| Employers enrolled to receive services | June 1 - July 30, 2017 |
| | |
| | |
| | |
| | |
| | |
| **Quarter 4: Evaluation Phase** | August 2017 - October 2017 |
| Employer training programs are completed | Aug-30-17 |
| Employer program evaluations - effectiveness of program in training workforce | October 2017 -October 2018 |
| Number of entry level hires documented | October 2017 -October 2018 |

# Timeline

PAST DUE

| Due February 6 | CalJOBS<sup>SM</sup> System Access Request Form |
| Due February 20 | CalJOBS<sup>SM</sup> Training Request Form |
| March 7 - 8 | CalJOBS<sup>SM</sup> Training |
| March 9 | CalJOBS<sup>SM</sup> Fiscal Training |

| Project Report | Due |
| --- | --- |
| Narrative | Every 20th of the following month |
| Expenditure | Every 20th of the following month |
| First Narrative Report | March 20, 2017 |
| First Expenditure Report | March 20, 2017 |

Submit Your Monthly Narrative Report to WSBProjectManagement@edd.ca.gov and copy your EDD Project Manager

# Your Project Contacts

| **WSBProjectManagement@edd.ca.gov** | |
|---|---|
| Kristi Duthler | 916-653-6861 |
| Sanae Takigawa | 916-654-2966 |
| Teri Brimacomb | 916-654-5595 |
| CalJOBS$^{SM}$ System Issues | CalJOBSadmin@edd.ca.gov |

Insert your organization's name and WAF 4.0 on the subject line of all electronic correspondence

# It's Your Turn….